

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90063 038 ***150.00

DOCUMENT # P02000099046 1. Entity Name HOLY TRINITY CHRISTIAN ACADEMY, INC.					
Principal Place of Business 12355 SW 104 ST MIAMI, FL 33186			Mailing Address 12355 SW 104 ST MIAMI, FL 33186		
2. Principal Place of Business <i>5699 N.E. 54 Place</i>		3. Mailing Address <i>5699 N.E. 54 Place</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>High Springs, FL</i>		City & State <i>High Springs, FL</i>		4. FEI Number 68-0521333	
Zip <i>32643</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDOVAL, DONNA 14740 SW 156 AVE MIAMI, FL 33196		7. Name and Address of New Registered Agent Name <i>Donna Watson</i> Street Address (P.O. Box Number is Not Acceptable) <i>5699 N.E. 54 Place</i> City <i>High Springs</i> FL Zip Code <i>32643</i>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Donna M. Watson</i> DATE <i>April 25, 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOVAL, DONNA 12355 SW 104 ST MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Watson Donna 5699 N.E. 54 Place High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donna M. Watson</i> Donna Watson April 25, 2004 3PL-454-1792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

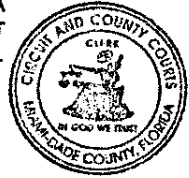
Attachments - 102 000 99046

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF DADE
 THIS IS TO CERTIFY THAT THE FOREGOING IS A
 TRUE AND CORRECT COPY OF THE DOCUMENT
 ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
 WITNESS MY HAND AND OFFICIAL SEAL
 THIS JUL 08 2003 DAY OF JULY
 HARVEY RUVIN, CLERK OF CIRCUIT COURT



BY Maud Sandoval D.C.

2003-014054

BK/PG:

415/3662

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) RICHARD FURMAN WATSON III			2. DATE OF BIRTH (Month, Day, Year) AUG 23, 1946		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		3b. COUNTY DADE	3c. STATE FLORIDA		4. BIRTHPLACE (State or Foreign Country) S CAROLINA
5a. BRIDE'S NAME (First, Middle, Last) DONNA M SANDOVAL			5b. MAIDEN SURNAME (If different) BRENNER		6. DATE OF BIRTH (Month, Day, Year) AUG 25, 1957
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		7b. COUNTY DADE	7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBJECTION TO THE MARRIAGE
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 23, 2003	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 23, 2003	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
 A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
 BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED JUNE 23, 2003	18a. DATE LICENSE EFFECTIVE JUNE 26, 2003	19. EXPIRATION DATE AUG 21, 2003
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C.	20c. BY D.C. <u>[Signature]</u>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 29, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE St Luke the Physician Episcopal Church, Miami, FL	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (of person performing ceremony) 12355 S.W. 104 St. Miami, FL 33154	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) The Rev. Robert Buxton, Rector		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS

GROOM	26. SOCIAL SECURITY NUMBER 249-74-6617	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 03	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) OCT 13, 1998
	30. SOCIAL SECURITY NUMBER 267-29-7486	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)



SEAL